

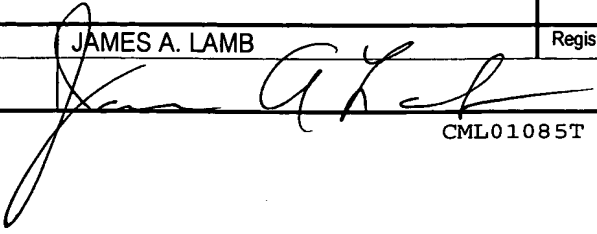
UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.: CML01085T																
		First Inventor: HUINAN J. YU																
		Title: FLEXIBLE ACTIVE SIGNAL CABLE																
		Express Mail Label No.: ER380436784US																
APPLICATION ELEMENTS <small>(see MPEP chapter 600 concerning utility patent application contents)</small>		Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> Applicant claims small-entity status <small>See 37 CFR 1.27</small></p><p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>14</u>] <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or computer program listing appendix -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>1</u>]</p><p>5. Oath or Declaration [Total Sheets <u>7</u>] a. <input checked="" type="checkbox"/> Un executed (original or copy)</p><p style="margin-left: 40px;">b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></p><p style="margin-left: 80px;">i. DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence <small>(if applicable, all necessary)</small></p><p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CFR)</p><p style="margin-left: 20px;">b. <input type="checkbox"/> Specification Sequence Listing on:</p><p style="margin-left: 60px;">i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); or</p><p style="margin-left: 60px;">ii. <input type="checkbox"/> Paper</p><p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>		<div style="border: 1px solid black; padding: 2px;">ACCOMPANYING APPLICATION PARTS</div> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS <small>Statement (IDS)/PT-1449 Citations</small></p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>																
<p>18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of prior application No. _____</p> <p><i>Prior application information:</i> <i>Examiner:</i> _____ <i>Art Unit:</i> _____</p> <p><small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p>																		
<div style="border: 1px solid black; padding: 2px;">19. CORRESPONDENCE ADDRESS</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"><div><input checked="" type="checkbox"/> Customer Number <u>22917</u></div><div>or <input type="checkbox"/> Correspondence address below</div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td></tr><tr><td colspan="2">Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td>Country</td><td>Zip Code</td></tr><tr><td>Name</td><td>Telephone</td></tr><tr><td>Name</td><td>Fax</td></tr><tr><td colspan="2">Registration No. <u>38,529</u></td></tr><tr><td>SIGNATURE </td><td>Date <u>03/30/2004</u></td></tr></table>			Name		Address		City	State	Country	Zip Code	Name	Telephone	Name	Fax	Registration No. <u>38,529</u>		SIGNATURE	Date <u>03/30/2004</u>
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CML01085T

FEE TRANSMITTAL Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	
		Filing Date	03/30/2004
		First Named Inventor	HUINAN J. YU
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$)	806.00
Attorney Docket No.		CML01085T	

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.	FEE CALCULATION (continued) 3. ADDITIONAL FEES <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late Provisional filing</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> 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for reply within second month	1253	950	2253	475	Extension for reply within third month	1254	1480	2254	740	Extension for reply within fourth month	1255	2010	2255	1005	Extension for reply within fifth month	1401	330	2401	165	Notice of Appeal	1402	330	2402	165	Filing a brief in support of an appeal	1403	290	2403	145	Request for oral hearing	1451	1510	1451	1510	Petition to institute a public use proceeding	1452	110	2452	55	Petition to revive – unavoidable	1453	1330	2453	665	Petition to revive – unintentional	1501	1330	2501	665	Utility issue fee (or reissue)	1502	480	2502	240	Design issue fee	1503	640	2503	320	Plant issue fee	1460	130	1460	130	Petitions to the Commissioner	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	1806	180	1806	180	Submission of IDS	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	1810	770	2810	385	For each additional invention to be examined 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FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	780	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 770.00)
2. EXTRA CLAIM FEES					
Total Claims		Previously Paid**	Extra Claims	Fee from below	Fee Paid
22		20	2	18	36
Independent Claims		3		86	
Multiple Dependent				290	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	* Reissue independent claims over original patent	
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 36.00)
**or number previously paid, if greater; For Reissues, see above.					

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	JAMES A. LAMB	Registration No.	38,529
Signature		Telephone	(847) 576-5054
		Date	03/30/2004

CML01085T